

"Express Mail" mailing label number \_\_\_\_\_

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

<div style="text-align: center;"><b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b></div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"><div><input type="checkbox"/> Declaration Submitted with Initial Filing</div><div>OR</div><div><input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div></div>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">Attorney Docket Number</td><td>C 2925 PCT/US</td></tr><tr><td>First Named Inventor</td><td>Florence HENRY</td></tr><tr><td colspan="2" style="text-align: center;"><i>COMPLETE IF KNOWN</i></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>		Attorney Docket Number	C 2925 PCT/US	First Named Inventor	Florence HENRY	<i>COMPLETE IF KNOWN</i>		Application Number		Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number	C 2925 PCT/US																
First Named Inventor	Florence HENRY																
<i>COMPLETE IF KNOWN</i>																	
Application Number																	
Filing Date																	
Group Art Unit																	
Examiner Name																	

As a below named inventor, I hereby declare that:  
My residence, post office address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COSMETIC COMPOSITION COMPRISING AN EXTRACT OF THE LEAVES OF CASTANEA SATIVA**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 

02/04/2005

 as United States Application Number or PCT International

Application Number 

PCT/EP2005/001105

 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
			YES	NO	YES	NO
04290388.0	EP	02/13/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box → ☐

C 2925 PCT/US

**DECLARATION****Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2005/001105	02/04/2005	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	<b>23657</b>	Customer Number	or label	
OR				
<input type="checkbox"/>	List Attorney(s) and/or agent(s) name and registration number below:			

Name	Registration Number	Name	Registration Number

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number **23657** OR ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor

Given Name	<b>Florence</b>	Middle Initial		Family Name	<b>HENRY</b>	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	<b>Villers-les-Nancy</b>	State		Country	<b>France</b>	Citizenship	<b>French</b>
Post Office Address	<b>1, allée Jean Antoine Baif</b>						
Post Office Address							
City	<b>54600 Villers-les-Nancy</b>	State		Zip		Country	<b>France</b>
						Applicant Authority	
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto						

